3. **As for the testing procedure, we indeed used datasets non-overlapping with those upon which the training was run; this is necessary to avoid unwanted biases. Furthermore, as described in Dal Moro *et al.*[2] we chose a number of non-intersecting training/testing sets by properly 'shuffling' the whole data set, and took averages of the results, thus validating the model.**
4. **The above canonical procedure has been performed also for the logistic regression and support vector machine algorithms, modulo the differences in structure, in the entity and number of parameters considered, and in the training scheme employed for the particular methodology. The collection of results are finally compared in Dal Moro *et al.*[2] Figure 1.**

**In conclusion, although we understand that for special problems the ANN may still yield reasonable results, we argue that in general (from a theoretical perspective) and in particular (for the considered case study) support vector machine indeed outperform ANN.**

1. Tonello L. Support vector machines versus artificial neural network: who is the winner? *Kidney Int* 2006 (in press).
2. Dal Moro F, Abate A, Lanckriet GRG *et al.* A novel approach for accurate prediction of spontaneous passage of ureteral stones: support vector machines. *Kidney Int* 2006; **69**: 157–160.

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# On *Kidney International* editorial Evidence-based politics of salt and blood pressure?

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**To the Editor:** Your editorial 'Evidence-based politics of salt and blood pressure'[1] distorts both the scientific debate among leading experts and contains significant factual errors about the Salt Institute and our Data Quality Act challenge in *Salt Institute v. Leavitt*.

You accuse the Salt Institute of having 'invent(ed) controversy' on the question of whether the entire population should be advised to reduce dietary salt. The Cochrane Collaboration, the prestigious consortium of medical scientists who invented and defined the practice of 'evidence-based medicine,' rejects the evidence for a population intervention.[2] The current president of the International Society of Hypertension rejects a 'one size fits all' approach.[3] The founder of the American Society of Hypertension, a *Time* magazine cover story subject for his seminal research, rejects the idea that evidence justifies universal salt reduction.[4] In 1998, investigative reporter Gary Taubes won the national prize from the National Association of Science Writers for his article in *Science* on 'The (political) science of salt'[5] chronicling National Heart, Lung and Blood Institute's efforts to quell scientific dissent. We did not 'invent' this controversy among leading medical researchers.

You discuss our lawsuit, *Salt Institute v. Leavitt*, which we brought jointly with the US Chamber of Commerce, speculating disparagingly: 'Their aim is probably to extract data on a few patients and show that these few did not respond to decreased salt intake with lowering blood pressure.' Utter nonsense. Our petition[6] sought correction of a statement by the National Heart, Lung and Blood Institute that the DASH-Sodium study proved that every American would benefit from lowering dietary salt. We simply sought basic statistics, no patient data. Most scientists would agree with us that the statistics we sought – blood pressure means and standard deviations – are necessary to interpret the findings, yet these have yet to be produced 5 years after the first report was published, despite a flood of other published articles, one admitting that there is no statistically significant association in six of the eight subgroups.[7] As the government intended to use the study to support the Dietary Guidelines for Americans, the question is clearly important. The government should meet the same standards of scientific justification as private parties. And as we have seen in the Vioxx debacle, even the higher private sector standard may not be high enough.

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3. Cohen H, Hailpern S, Fang J *et al.* Sodium intake and mortality in the NHANES II follow-up study. *Am J Med* 2006; **119**, 275.e7–275.e14 (http://www.amjmed.com/article/PIIS0002934305010466/abstract).
4. Hypertension: conquering the quiet killer. *Time Magazine*. 13 January, 1975 (http://www.time.com/time/covers/0,16641,19750113,00.html).
5. Taubes G. The (political) science of salt. *Science* 1998; **281**: 898–907 (http://www.sciencemag.org/cgi/content/full/281/5379/898?ijkey=ATm56Jl8nBVYU).
6. http://www.uschamber.com/NR/rdonlyres/ev2idu2ller4lgsxgikd3fweuza-pi7tl7q4krnp2vw35dlda37tjk6zdigc37u6flsx3lpycdvbysf/Resource203.pdf.
7. Bray GA, Vollmer W, Sacks F *et al.* A further subgroup analysis of the effects of the DASH diet and three dietary sodium levels on blood pressure: results of the DASH-Sodium Trial. *Am J Cardiol* 2004; **94**: 222–227.

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# Editorial on the politics of salt and blood pressure

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**To the Editor:** The editorial on the politics of salt and blood pressure was exceptionally prescient in recognizing the influence of a trade lobby, the Salt Institute, on policies (*Kidney Int* 2006; **69**: 1707–1708). In one regard, though, the